



# County of Franklin

## Residential Construction Permit Application Checklist

This application is required for issuance of residential building permits. Please complete all areas of this application that apply to your type of construction. This checklist provides a list of the required documents for the issuance of a residential building permit.

### Application and Related Documents

Yes No N/A

- |  |  |
|--|--|
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Completed Permit Application   |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Land Use Permit (when applicable-typically when the building footprint has increased) obtained from Planning & Community Development / 540-483-3027.   |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Proof of WVWA (Western Virginia Water Authority) connection fee payments on parcels where WVWA services are available.   |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Proof of Ownership (if not in property records) or letter from property owner*; manufactured homes in Mobile Home Parks require copy of lease agreement .  |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Notarized form required for <b>new dwellings</b> and <b>demolition</b> permits if <b>anyone other than the landowner is applying for the permit.</b>   |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Health Department construction permit for septic and/or well. Private septic systems require letter from appropriate agency (when applicable).   |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Two sets of 1/4" scale plans (including Foundation and Floor plans). Each level must have a floor plan that designates braced wall panel types, panel lengths, and locations. Wall heights for each level must also be provided. ** Foundation and Elevation plans are not required for manufactured homes, except manufactured homes installed on a basement require a sealed plan, with a Virginia's engineer or architect seal on the foundation plan. The foundation plan must include beam sizes. |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Zoning approval will be required for construction located in the Town of Rocky Mount or in the Town of Boones Mill.  |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Copy of lease agreement required for manufactured homes placed in mobile home parks.   |

**\*NOTE:** Property ownership, as verified through Franklin County Real Estate Tax Records, will reflect the permit holder. If the permit is to be issued in another name, a written letter from the existing property owner(s) giving permission for the specific structure on the property is required. The Real Estate Tax Identification number, subdivision name and lot number (if applicable) for the property is to be included in this letter. This statement is to be signed and dated by **all** property owner(s) – original signatures are required. Notarized authorization form required for new residence or demolition permit is also required.

**\*\*Foundation walls** may require a letter or print that details the foundation wall type, height of wall, height of backfill, wall thickness and reinforcement schedule. (Ref. IRC2000 Sec. R404)

**\*\*All foundation walls over 9'** are required to be designed by a Virginia registered design professional.

Fees must be paid when building permit is issued. Acceptable methods of payment include check or cash. We do not accept credit or debit cards for payment.

### County of Franklin – Building Inspections Office

120 East Court St., Rocky Mount, VA 24151

Phone: 540-483-3047; Fax 540-483-6665

Office Hours: Monday-Friday 8:00 A.M. - 4:30 P.M.





# Franklin County

A Natural Setting for Opportunities

Department of Building Inspections  
120 East Court St., Rocky Mount, VA 24151  
Phone (540)483-3047; Fax (540)483-6665

(Office Use Only)

Application # \_\_\_\_\_

Date of Application \_\_\_\_\_

## RESIDENTIAL PERMIT APPLICATION

### TYPE OF WORK

- ☐ NEW CONSTRUCTION  
☐ ADDITION  
☐ ALTERATION\*  
☐ REPAIR/REPLACEMENT

- ☐ MECHANICAL  
☐ PLUMBING  
☐ ELECTRIC (circle) New or Upgrade  
☐ DEMOLITION

Estimated Value/Cost \$ \_\_\_\_\_

\*For Alterations Permits, Please See "Frequently Asked Questions" Regarding Items That May Be Deducted From The Estimated Value Of The Job

- ☐ APARTMENT, CONDO, MOTEL, HOTEL (Note: Plans must be received & approved prior to permit issuance)  
☐ MULTI-FAMILY (Duplex/Townhouse) (Note: Plans must be received & approved prior to permit issuance)  
☐ SINGLE FAMILY DWELLING  
☐ ACCESSORY BUILDING Type: \_\_\_\_\_  
☐ MODULAR DWELLING (circle) On Frame Off Frame  
☐ HUD MANUFACTURED/MOBILE HOME

### SCOPE OF WORK (Describe work briefly, but thoroughly)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### JOB SITE INFORMATION

Job Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_ Tract # \_\_\_\_\_ Section # \_\_\_\_\_  
Tax Map/Parcel # \_\_\_\_\_  
Directions to Job Site from Rocky Mount: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PROPERTY OWNER INFORMATION

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

### APPLICANT (If Other Than Owner Applies For Permit)

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING INFORMATION**

**NEW CONSTRUCTION/ADDITIONS/MANUFACTURED HOMES**

*(Check Applicable Areas For Each That Applies To Your Construction)*

**FOUNDATION MATERIAL**

- ☐ Concrete  
☐ Block  
☐ ICF  
☐ Other \_\_\_\_\_

**FOUNDATION TYPE**

- ☐ Basement  
☐ Crawl  
☐ Slab  
☐ Column/Pier

**FRAMING MATERIAL**

- ☐ Wood  
☐ Metal  
☐ Other \_\_\_\_\_

**EXTERIOR MATERIAL**

- ☐ Vinyl  
☐ Brick  
☐ Masonry  
☐ Wood  
☐ Steel  
☐ Other \_\_\_\_\_

**INTERIOR MATERIAL**

- ☐ Sheetrock  
☐ Plaster  
☐ Logs  
☐ Tile  
☐ Panel  
☐ Other \_\_\_\_\_

**ROOFING TYPE**

- ☐ Shingle  
☐ Metal  
☐ Shakes  
☐ Flat Roof  
☐ Other \_\_\_\_\_

**HEATING SOURCE**

- ☐ Heat Pump  
☐ Hot Water  
☐ Gas  
☐ Oil  
☐ Electric  
☐ Other \_\_\_\_\_

**FIREPLACES**

- ☐ No  
☐ Yes  
If Yes, How Many? \_\_\_\_  
If Yes, What Type?  
☐ Masonry  
☐ Metal

**FLUES**

- ☐ No  
☐ Yes  
If Yes, How Many? \_\_\_\_  
If Yes, What Type?  
☐ Masonry  
☐ Metal

**ANY GAS APPLIANCES**

- ☐ No  
☐ Yes

**RETAINING WALL**

- ☐ No  
☐ Yes  
☐ Attached  
☐ Detached

**PLUMBING**

- Rough-In Only for  
Future Bath*  
☐ Yes  
☐ No

TOTAL # OF ROOMS \_\_\_\_\_ (excluding baths) #BEDROOMS \_\_\_\_\_ #FULL BATHS \_\_\_\_\_ #HALF BATHS \_\_\_\_\_

TOTAL # OF STORIES (above grade) \_\_\_\_\_

**MANUFACTURED/MOBILE HOMES ALSO COMPLETE FOLLOWING INFORMATION**

TYPE: (Circle One) SINGLE DOUBLE TRIPLE  
MANUFACTURER/MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ COLOR \_\_\_\_\_  
YEAR MODEL \_\_\_\_\_ DIMENSIONS: Length \_\_\_\_\_ Width \_\_\_\_\_  
SKIRTING (Circle Type to Be Used) VINYL BLOCK BRICK ROCK METAL OTHER \_\_\_\_\_  
Previous Owner \_\_\_\_\_ New Owner \_\_\_\_\_ Landowner \_\_\_\_\_

**ELECTRIC**

# AMPS \_\_\_\_\_ Circle One NEW SERVICE UPGRADE RECONNECT  
AEP Work Order # \_\_\_\_\_  
Call 1-800-956-4237 to apply for service.  
(Work Order # required to schedule inspection.)

**WATER & SEWER**

WATER SOURCE ☐ Individual/Private ☐ Municipal/Public

SEWAGE ☐ Individual/Private ☐ Municipal/Public

Water/Sewage/Well/Septic# \_\_\_\_\_

Will a Sprinkler System Be Installed? Circle ☐ Yes ☐ No (Required for all applications)



## DEMOLITION

Describe Structure That Is Being Demolished \_\_\_\_\_

Address of Structure \_\_\_\_\_

## SQUARE FOOTAGE

### BASEMENT:

FINISHED dimensions \_\_\_\_\_ x \_\_\_\_\_, \_\_\_\_\_ x \_\_\_\_\_, \_\_\_\_\_ x \_\_\_\_\_ area: \_\_\_\_\_ sq ft

UNFINISHED: dimensions \_\_\_\_\_ x \_\_\_\_\_, \_\_\_\_\_ x \_\_\_\_\_, \_\_\_\_\_ x \_\_\_\_\_ area: \_\_\_\_\_ sq ft

GARAGE: dimensions \_\_\_\_\_ x \_\_\_\_\_, \_\_\_\_\_ x \_\_\_\_\_, \_\_\_\_\_ x \_\_\_\_\_ area: \_\_\_\_\_ sq ft

MAIN LEVEL: dimensions \_\_\_\_\_ x \_\_\_\_\_, \_\_\_\_\_ x \_\_\_\_\_, \_\_\_\_\_ x \_\_\_\_\_ area: \_\_\_\_\_ sq ft

dimensions \_\_\_\_\_ x \_\_\_\_\_, \_\_\_\_\_ x \_\_\_\_\_, \_\_\_\_\_ x \_\_\_\_\_ area: \_\_\_\_\_ sq ft

2<sup>ND</sup> LEVEL: dimensions \_\_\_\_\_ x \_\_\_\_\_, \_\_\_\_\_ x \_\_\_\_\_, \_\_\_\_\_ x \_\_\_\_\_ area: \_\_\_\_\_ sq ft

3<sup>RD</sup> LEVEL: dimensions \_\_\_\_\_ x \_\_\_\_\_, \_\_\_\_\_ x \_\_\_\_\_, \_\_\_\_\_ x \_\_\_\_\_ area: \_\_\_\_\_ sq ft

GARAGE dimensions \_\_\_\_\_ x \_\_\_\_\_, \_\_\_\_\_ x \_\_\_\_\_, \_\_\_\_\_ x \_\_\_\_\_ area: \_\_\_\_\_ sq ft

(Or Carport)

PORCHES: dimensions \_\_\_\_\_ x \_\_\_\_\_, \_\_\_\_\_ x \_\_\_\_\_, \_\_\_\_\_ x \_\_\_\_\_ area: \_\_\_\_\_ sq ft

DECKS: dimensions \_\_\_\_\_ x \_\_\_\_\_, \_\_\_\_\_ x \_\_\_\_\_, \_\_\_\_\_ x \_\_\_\_\_ area: \_\_\_\_\_ sq ft

PATIOS: dimensions \_\_\_\_\_ x \_\_\_\_\_, \_\_\_\_\_ x \_\_\_\_\_, \_\_\_\_\_ x \_\_\_\_\_ area: \_\_\_\_\_ sq ft

Total Area \_\_\_\_\_ sq. ft.

Any Additional Areas? ☐ Yes ☐ No (If so, please include on separate sheet)

Is the deck/patio covered? ☐ Yes ☐ No # Covered Decks/Patios \_\_\_\_\_

## CERTIFICATION

I hereby certify that I am the owner of record of the herein described property, or that the proposed work has been authorized by the owner of record and that I have been authorized to make this application as a designated agent. I agree to conform to all applicable state and local regulations, rules and policies and such shall be deemed a condition entering into the exercise of the permit. In addition, if a permit is issued, I certify that the code official or his authorized representative shall have the authority to enter the area(s) described herein at any reasonable hour for the purpose of enforcing the provisions of the applicable code(s). I affirm that the information given in this application is correct at the time of submittal. I recognize any changes to the information given in this application require written notification to the Building Inspections Department.

Signature of Applicant \_\_\_\_\_

Please Print Your Name \_\_\_\_\_

Date \_\_\_\_\_



# Franklin County

*A Natural Setting for Opportunity*

120 East Court Street  
Rocky Mount, VA 24151  
(P) 540-483-3047  
(F) 540-483-6665

**THIS FORM (BOTH PAGES) MUST BE COMPLETED WHEN LICENSED CONTRACTORS ARE USED.**

Date: \_\_\_\_\_ Job Amount: \$ \_\_\_\_\_

Applicant/Owner: \_\_\_\_\_

Job Location: \_\_\_\_\_

Virginia Board for Contractors Regulations requires work totaling \$1,000.00 or more to be made by licensed Virginia Contractors or eligible exempt individuals. Section 54.1-1111, in the Code of Virginia requires the building inspector or other authority to have the applicant furnish license information or evidence of exemption prior to the issuance of the building permit.

The provisions of this section apply to Owners acting as general contractors, General Contractors, Sub-Contractors, Builders and Developers, Tenants and other persons applying for permits. This form is to be completed and returned along with your permit application.

\*If any below fields are not applicable, please designate those fields by indicating "n/a".

I, the undersigned, declare under penalty of law that the above information is true, correct, and complete to the best of my knowledge.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

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## MECHANICS LIEN AGENT

Business Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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## GENERAL CONTRACTOR

Name: \_\_\_\_\_ Type of Work: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

State License #: \_\_\_\_\_ License Level: (A, B, or C) \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**ROSTER OF SUB CONTRACTORS**  
(List information as it appears on the contractors license)

Name: \_\_\_\_\_ Type of Work: **FOUNDATION**  
Address: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
State License #: \_\_\_\_\_ License Level: (A, B, or C) \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Value: \$ \_\_\_\_\_

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Name: \_\_\_\_\_ Type of Work: **PLUMBING**  
Address: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
State License #: \_\_\_\_\_ License Level: (A, B, or C) \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Value: \$ \_\_\_\_\_

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Name: \_\_\_\_\_ Type of Work: **ELECTRICAL**  
Address: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
State License #: \_\_\_\_\_ License Level: (A, B, or C) \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Value: \$ \_\_\_\_\_

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Name: \_\_\_\_\_ Type of Work: **HVAC**  
Address: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
State License #: \_\_\_\_\_ License Level: (A, B, or C) \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Value: \$ \_\_\_\_\_

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Name: \_\_\_\_\_ Type of Work: **GAS FITTER**  
Address: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
State License #: \_\_\_\_\_ License Level: (A, B, or C) \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Value: \$ \_\_\_\_\_

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Name: \_\_\_\_\_ Type of Work: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
State License #: \_\_\_\_\_ License Level: (A, B, or C) \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Value: \$ \_\_\_\_\_

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(Office Use Only)

Application # \_\_\_\_\_

# **Self Affidavit**

**THIS FORM MUST BE COMPLETED IF:**

- (1) INDIVIDUAL IS ELIGIBLE FOR EXEMPTION FOR LICENSURE  
(2) LICENSED CONTRACTORS ARE NOT PROVIDED IN THIS APPLICATION.**

I, (print name) \_\_\_\_\_, of

(subdivision name) \_\_\_\_\_

affirm that I am the owner of a certain tract or parcel of land located at:

(mailing address) \_\_\_\_\_ and that  
I have applied for a Building Permit.

I affirm that I am familiar with the prerequisites of Section 54.1-1111 of the Code of Virginia  
and I am not subject to licensure as a contractor or subcontractor.

*(Please check applicable boxes)*

☐ Contractor

☐ Plumbing

☐ Electrical

☐ Mechanical

I understand that the Affidavit that I signed is affirming that I have listed "Self" as contractor  
for my Building Construction and this building is for my own use only.

I realize that if I hire anyone doing more than \$1,000 work on my construction, I am liable  
for making sure that the person or persons is licensed by the State Board of Contractors,  
as per Section 54.1-1115 of the Code of Virginia and that according to the Code of  
Virginia Section 54.1-1115, Item #6, hiring an unlicensed contractor for work constitutes a  
Class 1 Misdemeanor.

If I hire anyone to do Electrical, Plumbing or Mechanical and Gas Fitting work, I am liable  
for making sure each such person(s) holds Tradesman Certification. If the trades work  
exceeds \$1,000, I am also liable to verify the tradesman has a Virginia Contractors license.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Franklin County

*A Natural Setting for Opportunity*

### Department of Building Inspections

120 East Court St., Rocky Mount, VA 24151

Phone (540)483-3047; Fax (540)483-6665

## ***APPLICATION FOR CURRENT ONLY NO OCCUPANCY\****

PERMIT # \_\_\_\_\_  
(Office Use Only)

In signing this application, I FULLY UNDERSTAND this is for current only.

I realize that NO OCCUPANCY can be made until all final inspections are completed, approved and a CERTIFICATE OF OCCUPANCY has been obtained.

I understand that if I occupy, or allow occupancy, in any manner, I am not in compliance with the "Virginia Uniform Statewide Building Code" and hereby I am giving permission for the Franklin County Inspections Department to have my electric meter disconnected and removed.

\_\_\_\_\_  
Signature – (Owner, Contractor, Applicant-please circle one)

\_\_\_\_\_  
Date

**\*Note:** No signature required for *manufactured homes* as they may be occupied after electricity has been connected.





**Franklin County**  
*A Natural Setting for Opportunity*

***Department of Building Inspections***

**NOTARIZED AFFIDAVIT**

***This form is required prior to issuance of permits for new residential dwellings, non-residential structures or demolition of residential homes or non-residential structures.***

Date: \_\_\_\_\_

Print Owner/ and Co-Owner(s): \_\_\_\_\_  
 (All owners of record required to be listed)

\_\_\_\_\_  
 \_\_\_\_\_

Parcel I D #: \_\_\_\_\_

District: \_\_\_\_\_

Please accept this letter as authorization to issue a building permit to my direct agent

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

for construction of a structure on the above reference parcel.

Any changes to this direction shall be required in writing and delivered to the above noted Franklin County Building Inspections Department.

Signature of Owner/ and Co-Owner(s) \_\_\_\_\_  
 (All owners of record required to sign)

\_\_\_\_\_

\*\*\*\*\*

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_.

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

November 1, 2007